U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fa lure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 83055	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and accress of labor organization.
Name CLAYTON K MARQUIARDT	Name ILLINOIS EDUCATION ASSOCIATION
	Labor Organization File Number 5/2-892
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2317 S. BATES AVE.	Street 100 E. EDWARDS ST.
City SPRINGFIELD	City SPRINGFIELD
State TLLINOIS ZIP Code - 4 62704	State ILLINO1 :5 ZIP Code + 4 62704-1999
5. Position in labor organization. EXECUTIVE DIRECTOR	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)	
signed Layton Warouans	On 8/3 05 217-5 H4 - 0 706 Date Telephone Number

Name of Person Filing CLAYTON MARQUARDT	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name HORACE MANN INSURANCE CO. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street HORACE MANN PLAZA City SPRINGFIELD State ILLINDIS ZIP Code + 4 627/5-000 J 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Thinois Foucation Assiciantion	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. REIMBURSE PERSONAL EXPENSES FOR MY	
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 100 E. EDWARDS ST. City SPRINGFIELD State TLLINOIS ZIP Code - 4 62704-1999	SPOUSE AND I FOR TRAVEL, MEAL AND PERSONAL EXPENSES FOR PARTICIPATION IN MEETINGS OF THE HORACE MANN ADULSORY BOARD, 11.b. Approximate dollar value of such dealing. \$5,592.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employe வரு payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		
State ZIP Cod-9 + 4		